P	PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)			Docket Number 430156.404USPC	
L	FY 2005 (Fees pursuant to the Consolidated Appropriation	ıs Act, 2005 (H.R	≀. 4818).)		
А	Application Number 10/535,312 (US National Stag	Filed 11 November 200 (International Date))4		
F-	or METHOD FOR THE MASS PRODUCTION OF	- IMMUNOGLO	BULIN CONS	STANT REGION	
A	Art Unit			Examiner	
	This is a request under the provisions of 37 CFF reply in the above identified application.	₹ 1.136(a) to ex	tend the perio	od for filing a	
	The requested extension and fee are as follows fee below):	(check time per	riod desired a	and enter the appropriate	
		<u>Fee</u>	Small En	ntity Fee	
	One month (37 CFR 1.17(a)(1))	\$120	\$6	50 \$ <u>120</u>	
	Two months (37 CFR 1.17(a)(2))	\$450	\$22	25 \$	
	Three months (37 CFR 1.17(a)(3))	\$1020	\$5 ⁻	\$	
	Four months (37 CFR 1.17(a)(4))	\$1590	\$79	95 \$	
	Five months (37 CFR 1.17(a)(5))	\$2160	\$10	080 \$	
	Applicant claims small entity status. See 37	CFR 1.27.			
	🛚 A check in the amount of the fee is enclosed	1.			
	Payment by credit card. Form PTO-2038 is a	attached.			
	The Director has already been authorized to charge fees in this				
	application to a Deposit Account.				
	The Director is hereby authorized to charge a	-	-		
	or credit any overpayment, to Deposit According to the control of	ount Number 19	<u>}-1090</u> . I hav	e enclosed a	
	duplicate copy of this sheet. WARNING: Information on this form may become public. Credit card information should not be				
	included on this form. Provide credit card info				
	I am the [] applicant/inventor.				
	assignee of record of the entire intere	st. See 37 CFF	R 3.71		
	Statement under 37 CFR 3.73(b) is	s enclosed (For	m PTO/SB/96	6).	
	X attorney or agent of record. Registra	tion No. <u>44,614</u>	<u>!</u>		
	attorney or agent under 37 CFR 1.34.				
06/09/2006 HKAYPASH (Registration number if acting under 3	37 CFR 1.34	<u> </u>		
01 FC:1251	7120,00 QP	>			
		 		June 5, 2006	_
	Signature			Date	
	William T. Christiansen, Ph.D.			06-622-4900	_
l.,	Typed or printed name		•	one Number	
l No	OTE: Signatures of all the inventors or assignees of rec	ord of the entire in	nterest or their	representative(s) are require	∋d.

Submit multiple forms if more than one signature is required. SEND YO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.